SCHEDULES A & B Form N-15 (Rev. 1995)

## STATE OF HAWAII — DEPARTMENT OF TAXATION

## **Schedule A—Itemized Deductions**

(Schedule B is on back)

➤ Attach to Form N-15. See Instructions for Schedules A and B (Form N-15)

1995

Name(s) as shown on Form N-15					Your Social Security Number		
Medical		Caution: Do not include expenses reimbursed or paid by others					
and	1	Medical and dental expenses. (See page 19 of the Instructions)	1				
Dental	2	Multiply line 1 by the Hawaii percentage (Form N-15, line 33a)	2				
Expenses	3	Multiply the amount on Form N-15, line 31, Column B by 7.5% (.075).	3				_
	4	Line 2 minus line 3. If zero or less, enter zero. Enter the result here and	on For	m N-15,			
		line 33b. Total medical and dental expenses		<b>&gt;</b>	4		
Taxes You	5	Hawaii income taxes	5				
Paid	6	Real estate taxes paid on property located in Hawaii	6				
	7	Other taxes. (List)					
(See page 19 of the Instructions.)			7				
the monuclions.)	8	Add the amounts on lines 5 through 7. Enter the total here and on Form	N-15, I	ine 33c.			
		Total taxes.	·····	<u>≻</u>	8		
Interest You Paid		Caution: Enter only home mortgage interest secured by a property located in Hawaii and points paid thereon.					
	9a	Home mortgage interest and points reported to you on federal Form 1098	9a				
(See page 20 of Hawaii Instructions and federal	b	Home mortgage interest not reported to you on federal Form 1098. (If					
		paid to an individual, show that person's name and address) >					
Instructions.)			9b				
	10	Points not reported to you on federal Form 1098 (See federal					
Note: Personal		Instructions for special rules.)	10				
interest is no	11	Investment interest from property having situs in Hawaii. (See Instructions)	11				
longer deductible.	12	Add the amounts on lines 9a through 11. Enter the total here and on Fo	rm N-15	5, line 33d.			
		Total interest expense.		<b>&gt;</b>	12		
Gifts to Charity (See page 20 of	13	Gifts by cash or check (If any gift of \$250 or more, see Instructions)	13				
	14	Other than by cash or check. (If any gift of \$250 or more, see					
		Instructions) (Attach required statement if over \$500)	14				
	15	Carryover from prior year	15				
the Instructions.)	16	Add the amounts on lines 13 through 15	16				
	17	Multiply line 16 by the Hawaii percentage (Form N-15, line 33a). Enter the	ne total	here and on			
0		Form N-15, line 33e. <b>Total</b> contributions			17		
Casualty and	18	Total casualty and theft loss(es) on property located in Hawaii (attach federal Form 4684).					
Theft Losses		(See page 21 of the Instructions) Enter total here and on Form N-15, line	e 33f	<b>≻</b>	18		
Missellanseus	19	Unreimbursed employee business expenses—related to a job whose income is subject					
Miscellaneous		to taxation in Hawaii. (You must attach federal Form 2106 if required)	19				
Deductions Subject to 2%	20a	Other expenses allowed in full by Hawaii (list type and amount)	20a				
AGI Limit	20b	Other expenses not allowed in full by Hawaii (list type and amount)					
	20c	Multiply line 20b by the Hawaii percentage (Form N-15, line 33a)	20c				
(See page 21 of the Instructions.)	21	Add the amounts on lines 19, 20a, and 20c.	21				
ure manachoris.)	22	Multiply the amount on Form N-15, line 31, Column B, by 2% (.02)	22				
	23	Line 21 minus line 22. (Enter the result here, but not less than zero)	23				
Other	24	Moving expenses incurred before 1994 (attach Form N-139). (See					
Other		page 22 of the Instructions)	24				
Miscellaneous Deductions	25a	Other expenses allowed in full by Hawaii (list type and amount) >	25a				
	25b	Other expenses not allowed in full by Hawaii (list type and amount)					
	26	Multiply line 25b by the Hawaii percentage (Form N-15, line 33a)	26				
Total Miscellaneous	27	Add the amounts on lines 23, 24, 25a and 26. Enter the total here and of		N-15, line 33a.			
Deductions		Total miscellaneous deductions			27		

Total Itemized Deductions

**Note:** If your Hawaii adjusted gross income (Form N-15, line 32) is more than \$100,000 (\$50,000 if married filing separately), you may not be able to deduct all of your itemized deductions on Form N-15, line 33h. See page 14 of the Instructions.

Name(s) as shown on Form N-15 (Do not enter name and social security number if shown on other side)

Your Social Security Number

	Interest Income		Amount
come 1	Interest income from seller-financed mortgages on properties located in Hawaii.  (See Instructions and list name of payer)	1	
2	Other interest income taxable to Hawaii. (List name of payer)		
eral , D, or ement, ge m's			
e firm's ne payer he total own on			
		2	
3	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8	3	
If	_		mplete Part II.
If	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8		mplete Part II.
If If	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8		
If If	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8  you received more than \$400 in gross Hawaii taxable dividends and/or other distributions on you received dividends as a nominee for another, see Instructions.  Dividend Income  Dividend income. (List name of payer—include on this line capital gain distributions,		
If If If 4	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8  you received more than \$400 in gross Hawaii taxable dividends and/or other distributions on you received dividends as a nominee for another, see Instructions.  Dividend Income  Dividend income. (List name of payer—include on this line capital gain distributions,		
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If if if 4	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8		
If I	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8		
If if if 4  4  4  4  6  6  6  7  7  8  8  9  9  9  9  9  9  9  9  9  9  9	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8		
If I	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8		
If if if 4  4  4  4  6  6  6  7  7  8  8  9  9  9  9  9  9  9  9  9  9  9	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8		
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If if  If if  4  4  4  23 of ons.)  eral I, or ement, ge m's ayer obtal yn on	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8	stock, co	
If if if 4  4  4  23 of ons.)  eral /, or ement, ge m's ayer otal vn on	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8	stock, co	
If if  If if  4  4  4  23 of ons.)  eral I, or ement, ge m's ayer obtal yn on	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8	stock, co	
ad de	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8	stock, co	
If if if 4 4 dd e 3 of ons.)	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8	stock, co	

\*Note: You must report all taxable interest and dividends on Form N-15, even if you are not required to complete Schedule B.